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** CONTINUING DATA ***** *JD* *****

NONE

** FOREIGN APPLICATIONS ***** *OL JD* *****

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>JD</i> Examiner's Signature	Initials		

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(INCLUDING BURNS, DOANE, SWECKER & MATHIS)

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TITLE

Medical device

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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